

Application for Optometric Glaucoma Specialist

TEXAS OPTOMETRY BOARD

333 Guadalupe Street, Suite 2-420
Austin TX 78701

In accordance with the Texas Optometry Act, Section 351.3581, I make application for licensure as an Optometric Glaucoma Specialist.

Fee of \$55.00 payable to "Texas Optometry Board" must be attached

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¹ Therapeutic License #						² Social Security Number								
³ Name of Applicant (please print or type)														
⁴ Mailing Address (must be able to accept certified mail in cardboard mailer at this location)														
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City				State		Zip		⁵ Telephone #						

⁶ Board Approved Glaucoma Review Course – Sponsor: _____

Location: _____ Date Completed: _____

The following documentation must be attached to this application:

Attached

- Review Course and Examination Documentation: Original Letter/Transcript ... ☐
- Clinical Skills Documentation: Certification of Skills (Board Form) ☐
- Fee: Check in the amount of \$55.00 ☐

"I, _____, the above named Therapeutic Optometrist, License No. _____, state that all facts, statements and answers contained in this application are true and correct. I have read all the laws of Texas pertaining to Optometry, and I intend to practice in keeping with the spirit and letter of these laws and all laws enacted in the future, and I will comply with all valid rules and regulations made by this Board."

Signature of Therapeutic Optometrist